PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. Department of the Paragraph of the

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/812,366			ling Date 26/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
⊠	BASIC FEE	_	N/A	LD NO	N/A		N/A	385	1	N/A	TLE (6)	
Н	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A		
F	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		ł	N/A		
TO	(37 CFR 1.16(o), (p), (TAL CLAIMS		-		N/A		X \$ =		OR	X S =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = * minus 3 = *			ł	x s =		OR	x s =		
(37	CFR 1.16(h))	If the		gs exceed 100	ł	A # -		1	^* -			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								]			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							385	]	TOTAL		
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	CLAIMS		Г	HIGHEST	ST				T	T		
	01/07/2010	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 9	Minus	<b></b> 38	= 0	]	X \$26 =	0	OR	x s =		
z	Independent (37 CFR 1.16(h))	٠1	Minus	<del></del> 8	= 0	]	X \$110 =	0	OR	x s =		
ΜĒ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =		
N N	Independent (37 CFR 1,16(h))	*	Minus	***	=	]	x \$ =		OR	x s =		
Ä	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
Γ	•								OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  *If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bestelf by the public which his lost life (and by the USFTO to monoceas) an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.14. This collection is estimated in table 22 annuates to complete, according platening, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Platents, P.O. Box 1450, Makeardria, VA 2213-1450.